

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6	1					
7		1				
8		2				
9		2				
10		2				
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46						
47						
48						
49						
50						
TOTAL ID.	7					
TOTAL DEP.	7					
TOTAL CLAIMS	13					

SERIAL NO.	FILING DATE	
APPLICANT(S)		
CLAIMS		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

BEST AVAILABLE COPY